

## **JOB LISTING FAX**



TO: EDD Job Listing Services Fax #	Date:	Number of Pages
Employer Information	Corporate Name	e, if any:
Employer Name (DBA):	Contact Persor	1:
Address:	Suite/Room/Building #:	
City:	State:	ZIP Code:
Telephone #: () Extension	Fax #: ()	
EDD Employer Tax Account #:	E-mail Address	:
<b>California Job Site Location</b> (if different from business address Street Address:	•	
Cross Street:	City:	ZIP
JOB LISTING INFORMATION		
Job title: Number of	openings:	Start date:
Wage range: \$Minimum \$Maximum	Per	Hours per week:
Shift: Day Swing Grave Part	t time: hrs/week	OR Full time
Education level Tem	nporary: duration	days OR 🗌 Regular
Work days: ☐ MON ☐ TUES ☐ WED ☐ THL	JRS 🗌 FRI	☐ SAT ☐ SUN
Driver's License required: No Yes Class: A B		
☐ I want the job seeker to contact us directly: ☐ Incl	lude company name	and address on listing
☐ In person at	_ By telephor	ne at: ()
Fax résumé to () Ma		
□ I want EDD's assistance in identifying job seekers □ Do		
☐ EDD to mail résumés to us ☐ ED	DD to screen and refe	er job seekers
(Attach additional sheet for all job-related info.) A. Job Duties:		•
B. Job-related skills, knowledge and abilities, experience, eduposition:	ucation, training, tool	s, and licenses required for this
C. Special information: (benefits, medical plan, pension plans directions to job site, unusual working conditions, and any		

In order to comply with the Information Practices Act, please read this brief statement:
In submitting this job listing, I agree to hold the State of California and the Employment Development Department harmless for any use of CalJOBS information for reasons other than the stated purpose.

Please note: EDD does not verify applicant supplied information.